



On-Site Wastewater System Repair Application
Lee County Health Department
900 Woodland Avenue
Sanford, NC 27330
Phone: (919) 718-4641 Fax: (919) 718-4636

Applicant: _____ Permit # _____ Tax Map # _____

Location/Address of property: _____ Phone # _____ Fax # _____

Owner: _____ Owner phone # _____ Owner fax # _____

Subdivision: _____ Lot # _____ Size: _____

Directions to Property from This Office: _____

Type of Establishment: Residence _____ Business _____ Other (describe) _____

Bedrooms: _____ # Occupants: _____ Maximum dimensions of building: _____

Basement: Yes _____ No _____ Plumbing fixtures in basement: Yes _____ No _____

Water Supply: Public _____ Private _____ Other _____

Date the property was originally deeded/recorded: _____

Describe the nature of your complaint: _____

Are any of the following located on the property? If yes, please show on plat

Existing wastewater systems: Yes _____ No _____ Easement of Rights of Way: Yes _____ No _____

Wells, springs, or existing water lines: Yes _____ No _____ Designated wetlands: Yes _____ No _____

Streams, impoundments, watershed, or 100 year flood plain: Yes _____ No _____

YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION

Also, include a site plan showing: The location of the residences or building, water supply, decks, porches, and any other improvements such as pools, driveways, and other structures.

The Improvements Permit issued pursuant to this application shall not be affected by change in ownership, provided that the site and facility the wastewater system services are unchanged.

The applicant is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property, and comply with any and all requirements which will need to be met before improvements are made to this property.

The undersigned person hereby agrees that he/she has read the application. It is understood that any permits issued hereafter are subject to suspension or revocation if the site plans or the intended use changes, or if any information in this application is falsified or changed.

Owner/Authorized Agent: _____ Date: _____

